



10-22-03 *image*

21 October 2003

COMMISSIONER FOR PATENTS  
PO Box 1450  
Alexandria, Virginia 22313-1450

Application No.: 09/896,249 Confirmation No.: 9186  
First Named Inventor: Pei, Shiyou Filing Date: 28 June 2001  
Group Art Unit: 2879 Examiner: Ramsey, K. J.  
Atty. Docket No.: CT-M158 US  
Title: Cleaning of Cathode-Ray Tube Display  
Assignee(s): Candescent Technologies Corporation and  
Candescent Intellectual Property Services, Inc.

Sir:

Transmitted herewith are the following documents for the above patent application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate); and
- (3) Amendment (21 pg(s).).

The fee has been calculated as shown below:

**CLAIMS AS AMENDED**

| Claims Remaining<br><i>After Amendment</i>   | Highest No.                   |       | Present<br><u>Extra</u> | <u>Rate</u> | <u>Additional Fee</u> |
|--|-------------------------------|-------|-------------------------|-------------|-----------------------|
|  | Previously<br><u>Paid For</u> | Minus |                         |             |                       |
| Total Claims   | 60                            | Minus | 46                      | = 14        | x \$18.00 \$ 252.00   |
| Independent<br>Claims  | 5                             | Minus | 4                       | = 1         | x \$86.00 \$ 86.00    |
| <input type="checkbox"/> Fee of \$280 for the first filing of one or more multiple dependent claims  |                               |       |                         |             | \$                    |
| <input type="checkbox"/> Fee for Request for Extension of Time ( month(s))   |                               |       |                         |             | \$                    |
| <input type="checkbox"/> Fee for   |                               |       |                         |             | \$                    |
| <b>Total additional fee for this Amendment:</b>  |                               |       |                         |             | \$ 338.00             |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 502641 in the amount of  |                               |       |                         |             | \$ 338.00             |
| <input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required, the Commissioner is authorized to deduct the necessary fee from Deposit Account No. 502641. |                               |       |                         |             |                       |
| <input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to Deposit Account No. 502641.  |                               |       |                         |             |                       |
| <input type="checkbox"/> Enclosed is a check in the amount of  |                               |       |                         |             | \$                    |

|                                |
|--------------------------------|
| <b>EXPRESS MAIL LABEL NO.:</b> |
| EV 337 115 702 US              |

Respectfully submitted,

*Ronald J. Meetin*

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